	E OF CAL	IFORNIA EXPENSE CLAIM	Traveler ID	See <i>li</i> Unit Cod	DAT	GW	racy Stat	tement on i	Reve	rse Sid	• <u> </u>	K Trip?	O YES	○ No
STD. 262 (REV. 10/92)				210			CAPTARY Statement on Reverse Side					Page	of	Page
			al Year 2008TEC1739 8-2009			SSN OR	SSN OR EMPLOYEE NUMBER*					ARTMENT PR		
POSITION Executive Director				CB/ID NO.: EXEMPT			California Volunteers						PCA #	
RESIDENCE ADDRESS*					I EXEMPT		HEADOLIABTERS ADDRESS 1110 K Street Suite 210						TELEPHO	NE NUMBER
CITY				ZIP CODE	CITY					STATE		916-323-7646 ZIP COD		
Sacramento		CA			Sad	Sacramento)			CA		314	
(1) MONTH/YEAR Jul 2009		(3) LOCATION	(4)	(5)	MEALS	1	(6)	(7) (A)	TR.	ANSPORT	ATION I	(D)	(8)	(9)
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	COST OF TRANS.	TYPE	CARFARE TOLLS	' 	TE CAR USE	BUSINESS EXPENSE	TOTAL EXPENSE FOR DAY
	4000											\$0.00		\$0.0
7/20	1000 2000	Sac/Cupertino/Sac				\$3.29				\$4.00	262	\$144.10		\$151.3
												\$0.00		\$0.0
												\$0.00		\$0.0
				· · · · · · · · · · · · · · · · · · ·								\$0.00		\$0.00
					r							\$0.00		\$0.00
							(S)	0 W 1	17.0.I			\$0.00		\$0.00
	-						AUG 1	7 2009	24 an			\$0.00		\$0.00
	-					kiji ji ji			Secretary and secretary			\$0.00		\$0.00
						OFFICE	OF PLANA ACCIOUNTS	ING & RESE LPAYARIF	ARC	1		\$0.00		\$0.00
	+							· · · · · · · · · · · · · · · · · · ·				\$0.00		\$0.00
	+											\$0.00		\$0.00
10)	<u>!</u>											\$0.00		
SUBTOTALS COLUMNICODE (ACCTOLUSE ON			ONLY)			\$3.29				\$4.00	\$262	144.1		\$151.39
										CLAIM :	TOTAL	\$	\$1	51.39
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Spoke with HP about Encore Careers. ————————————————————————————————————										(13) NUBWAI WUBK HUIDS				
										(13) PRIVATE VEHICLE LICENSE NUMBE 4ybd289				
									-			MILEAGE RA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
											AGENCY ACCOUNTING OFFICE USE DNLY			
											PAID BY REVOLVING FUND CHECK NUM \$0.55			
HEREBY rivately or laimed, a	CERTIFY wned vehice and that I ha	That the above is a true statement of the le was used, and if mileage rates excerve met the requirements as prescribed	ne travel expenses ir ed the minimum rate by SAM Sections 07	ncurred by me , I certify that 750, 0751, 07	e in accordant the cost of op 52, 0753, and	ce with DPA re perating the ve d 0754 pertain	iles in the sen hicle was equing to vehicle	vice of the State all to or greater safety and sea	e of Ca than t belt u	alifornia. If he rate sage.				
15) CLAIN	7-	ENATURE BULL	Īc	DATE	<u> </u>			OFFIGER APPR			AND PA	YMENT	DATE //7.	09
7) SPEC	AL EXPEN	ISE AUTHORIZATION - SIGNATURE			,	1//			7 10				DATE	